

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	1/12/00	2 Serial/Patent #	09/153676	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing				\$ 660
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other <i>Claims</i>				\$ 246
		7 TOTAL AMOUNT OF REFUND	\$	
		8 TO BE REFUNDED BY:		
		Treasury Check		
10 REASON:		Credit Deposit A/		
Overpayment				
Duplicate Payment		9		02 -- 40 35
No Fee Due (Explanation):		<i>Money sent response filed, eligible to receive refund rate</i>		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		TITLE: <i>HSPE</i>		
SIGNATURE: <i>Maynard Stevens</i>		PHONE: <i>305-3608</i>		
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B